

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

107524731

FILING DATE

16 FEB 2005

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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40				/		
41				/		
42				/		
43				/		
44				/		
45				/		
46				/		
47				/		
48				/		
49				/		
50			/			
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←		22	←		←
TOTAL CLAIMS			24			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52				/		
53				/		
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99						
100						
TOTAL IND.		↓	0	↓		↓
TOTAL DEP.	←		2	←		←
TOTAL CLAIMS			2			